



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1220

Date Received

26-APR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8008681

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B4GP54L7VB317486	DODGE TRUCK	CARAVAN	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09500000 12110000 15300000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG EQUIPMENT:SPEED CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIR BAG LIGHT REMAINS ILLUMINATED DUE TO A MALFUNCTION WITHIN CLOCK SPRING WHICH COULD ALSO CAUSE A PROBLEM WITH HORN AND CRUISE CONTROL. IN AN COLLISION T AIR BAG WILL NOT DEPLOY. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON REVERSE

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		U.S. Department of Transportation National Highway Traffic Safety Administration	
Vehicle Owner's Questionnaire (VOC)			
Reference No. 8008681		OWNER INFORMATION (Type or Print) 750575	
Date Received: 28-APR-2002 Office: RECEIVED INVESTIGATION		Signature of Owner: [Redacted] Date: 5/6/02	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Home Number: [Redacted] Work Number: [Redacted]		Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1B4GP54L7VB317486	
Vehicle Year: 1997 Current Odometer Reading: 70,020		Vehicle Make: DODGE TRUCK Vehicle Model: CARAVAN	
Purchase Date: March 1997 Dealer's Name: BYERS DUBUIN DODGE City: DUBUIN State: OHIO Zip Code: 44700		Engine Size (CID/CCL): 3.9L No. Cylinders: 6 Turbo: <input type="checkbox"/> Fuel Injectio: <input checked="" type="checkbox"/> Gas: <input type="checkbox"/> Diesel: <input type="checkbox"/>	
Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt Cruise Control: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel			
Antilock Brakes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other Vehicle Type: <input type="checkbox"/> Sport UTV <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Truck <input type="checkbox"/> Fick Up			
FAILED COMPONENT(S)/PART(S) INFORMATION Component: 09500000 INTERIOR SYSTEMS-PASSIVE RESTRAINT-AIR BAG Part Name(s): COMMUNICATIONS:HORN ASSEMBLY Location: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement			
APPLICATION INCIDENT INFORMATION Date(s) of Failure(s): 4/22/02 Mileage at Failure(s): 64,400 Vehicle Speed at Failure(s): 0 Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) AIR BAG LIGHT REMAINS ILLUMINATED DUE TO A MALFUNCTION WITHIN CLOCK SPRING WHICH COULD ALSO CAUSE A PROBLEM WITH HORN AND CRUISE CONTROL. IN AN COLLISION T AIR BAG WILL NOT DEPLOY. PLEASE PROVIDE ANY FURTHER INFORMATION. AK			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Persons Injured:		Number of Failures:	
Estimated Property Damage:		Reported to Police: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUE ON BACK IF NEEDED			